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Bib Data Sheet

CONFIRMATION NO. 1915

SERIAL NUMBER 10/750,924	FILING OR 371(c) DATE 12/31/2003 RULE	CLASS 455	GROUP ART UNIT 2618	ATTORNEY DOCKET NO. 04303/020059-USO
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APPLICANTS

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** CONTINUING DATA ***** No, DR

** FOREIGN APPLICATIONS ***** No, DR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 05/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>DR</u> Initials <u>DR</u>				

ADDRESS

38881

TITLE

Signal-to-interference ratio estimation for CDMA

FILING FEE RECEIVED 1082	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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